

AO 435 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS			FOR COURT USE ONLY		
<b>TRANSCRIPT ORDER</b>						<b>DUE DATE:</b>	
<i>Please Read Instructions:</i>							
1. NAME <b>Nicholas Compton, AFD/PD/Heather Doyle, Paralegal</b>			2. PHONE NUMBER (304) 350-6515		3. DATE 11/17/2021		
4. DELIVERY ADDRESS OR EMAIL <b>nicholas_compton@fd.org/heather_doyle@fd.org</b>			5. CITY Martinsburg		6. STATE WV	7. ZIP CODE 25401	
8. CASE NUMBER <b>3:21cr49</b>		9. JUDGE <b>Trumble</b>		DATES OF PROCEEDINGS 10. FROM 10/20/2021 11. TO 10/20/2021			
12. CASE NAME <b>US v. Toebbe</b>			LOCATION OF PROCEEDINGS 13. CITY Martinsburg 14. STATE WV				
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> BANKRUPTCY <input checked="" type="checkbox"/> OTHER FPD	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input checked="" type="checkbox"/> TESTIMONY (Specify Witness)		10/20/21	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING							
<input checked="" type="checkbox"/> BAIL HEARING		10/20/21					
17. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS		
ORDINARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES	41 original	149.65		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	69 copy	62.10		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional)				ESTIMATE TOTAL	0.00		
18. SIGNATURE 				PROCESSED BY			
19. DATE 11/17/2021				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED	DATE 11-17-21	BY 10-22-21		DEPOSIT PAID			
DEPOSIT PAID				TOTAL CHARGES	0.00 21175		
TRANSCRIPT ORDERED				LESS DEPOSIT	0.00		
TRANSCRIPT RECEIVED				TOTAL REFUNDED			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT							
PARTY RECEIVED TRANSCRIPT	12-2-21			TOTAL DUE	0.00 21175		

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY